	Application No.	Applicant(s)
Interview Summary	10/712,103	D'SOUZA ET AL.
	Examiner	Art Unit	
	Longbit Chai	2131	

All participants (applicant, applicant's representative, PTO personnel):

(1) *Longbit Chai*.   (3)_____.

(2) *John Granchelli* .   (4)_____. ,

Date of Interview: *12 March 2007*.

Type: a)☒ Telephonic   b)☐ Video Conference
        c)☐ Personal [copy given to: 1)☐ applicant   2)☐ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes ·   e)☒ No.
    If Yes, brief description: _____.

Claim(s) discussed: *1 and 10*.
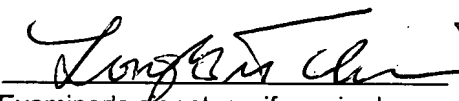
Identification of prior art discussed: *none*.

Agreement with respect to the claims f)☒ was reached.   g)☐ was not reached.   h)☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: *Examiner notes, as per claims 1 and 10, the claimed recitation of "$n \cdot 2$ in dependence upon a source address" should be "$n >= 2$ in dependence upon a source address" -- this is supported by its CIP (Continuous-in-part) of application number 10/440,233 on Page 4 Line 11 – 12. Attorney agreed and confirmed*.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

_____
Examiner's signature, if required